

07-27-01

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# UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

LUD 5734  
(10105486)

Total Pages

First Named Inventor or Application Identifier

Laure DUMOUTIER et al.

Express Mail Label No.

EL 829764823 US

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ Fee Transmittal Form (attached hereto in duplicate)2. ☒ Specification [Total Pages 16]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

☐ Drawing(s) [Total Sheets ]

Oath or Declaration (incl. Power of Attorney)

- a ☐ Newly executed (original or copy)
- b. Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional check boxes 5 and 16)
- i. ☐ Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

Incorporation by Reference

(useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)7. Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- 8. ☐ Assignment Papers (cover sheet & document(s))
- 9. ☐ 37 CFR 3.73(b) Statement  
(when there is an assignee) ☐ Power of Attorney
- 10. ☐ English Translation Document (if applicable)
- 11. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations
- 12. ☐ Preliminary Amendment
- 13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- 14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- 15. ☒ Other: Unexecuted Declaration/Power of Attorney

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No:17. ☐ For this continuation application, please cancel original Claims \_\_\_\_ of the prior application before calculating the filing fee.

## 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 24972or ☐ Correspondence Address below

Name:

Address: Fulbright &amp; Jaworski L.L.P.

## 19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Norman D. Hanson at:

Telephone: (212) 318-3168 Fax: (212) 318-3400

## 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Norman D. Hanson, Reg. No. 30,946

SIGNATURE

DATE

July 26, 2001

09/26/01  
U.S. PTO  
09/26/01

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	July 26, 2001
	First Named Inventor	Laure DUMOUTIER et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	LUD 5734 (10105486)

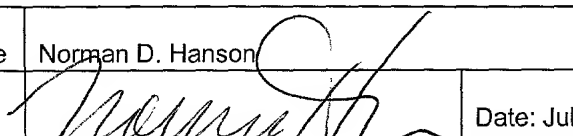
## FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Small Entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$710/355.00</b>
TOTAL CLAIMS	25 - 20 =	5	X 18/9.00	45.00
INDEPENDENT CLAIMS	5 - 3 =	2	X 80/40.00	80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A		
			<b>TOTAL FEES</b>	<b>\$480.00</b>

## METHOD OF PAYMENT

- ☐ Please charge Deposit Account No.50-0624 in the amount of \$ A copy of this sheet is enclosed.
- ☒ A check for \$480.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees, which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A copy of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		<b>Deposit Account No. 50-0624</b>
	Date: July 26, 2001	

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